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ARMY RESERVE REENLISTMENT DATA

For use of this form, see AR 140-111; the proponent agency is RCPAC

1. NAME <i>(Last, first, MI)</i>	2. GRADE	3. DATE ASSIGNED	4. ETS									
5. UNIT/DUTY SECTION	6. DOR	7. CONTRACT/DATE	8. PEBD									
9. SUPERVISORS	10. PMOS/CMF	11. SMOS/CMF	12. DMOS/CMFH									
13. REENLISTMENT STATUS <i>(For commander's use only)</i>												
<table><tr><td><input type="checkbox"/> eligible</td><td><input type="checkbox"/> recommended</td><td><input type="checkbox"/> waiver recommended</td></tr><tr><td><input type="checkbox"/> not eligible</td><td><input type="checkbox"/> not recommended</td><td><input type="checkbox"/> waiver not recommended</td></tr><tr><td></td><td><input type="checkbox"/> bar to reenlistment initiated</td><td><input type="checkbox"/> waiver initiated</td></tr></table>				<input type="checkbox"/> eligible	<input type="checkbox"/> recommended	<input type="checkbox"/> waiver recommended	<input type="checkbox"/> not eligible	<input type="checkbox"/> not recommended	<input type="checkbox"/> waiver not recommended		<input type="checkbox"/> bar to reenlistment initiated	<input type="checkbox"/> waiver initiated
<input type="checkbox"/> eligible	<input type="checkbox"/> recommended	<input type="checkbox"/> waiver recommended										
<input type="checkbox"/> not eligible	<input type="checkbox"/> not recommended	<input type="checkbox"/> waiver not recommended										
	<input type="checkbox"/> bar to reenlistment initiated	<input type="checkbox"/> waiver initiated										
14. DEPENDENTS <i>(Include name of spouse and number and type of other dependents)</i>	17. CIVILIAN OCCUPATION AND BACKGROUND											
15. HOME ADDRESS <i>(Include Zip Code)</i>	18. MILITARY TRAINING AND BACKGROUND											
16. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	19. PMOS	20. EES AND DATE	21. SGLI									
22. COMMENTS												

23. RECORD OF INTERVIEWS

REVERSE OF DA FORM 4644-R, DEC 1982

APD LC v1.00